



Quarterly Progress Report July 1 - August 31, 2014

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LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CHC	-	Chronic HIV Checklist
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DCMOs	-	District Community Medical Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
EMTCT		Elimination of Mother to Child Transmission
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
HTC	-	HIV Testing and Counseling
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MOH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	U.S. President's Emergency Plan for AIDS Relief
PMOs	-	Provincial Medical Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PwP	-	Prevention with Positives
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT II	-	Zambia Prevention, Care and Treatment Partnership II

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five-year (2009 to 2014) US\$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Northern, North Western and Muchinga. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART). The project implements technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT); counseling and testing (CT); and clinical care services, including ART. Finally ZPCT II supports the expansion of MC services in 6 of the country's 10 provinces.

ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are the foundation for ZPCT II. During the quarter, ZPCT II provided support to all districts in Central, Copperbelt, Luapula, Northern, North Western and Muchinga Provinces. ZPCT II is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MOH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will implement quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

During this reporting period, ZPCT II supported 431 health facilities (400 public and 31 private) across 45 districts in six provinces. Key activities and achievements for this reporting period include the following:

- 121,627 individuals received HTC services in 431 supported facilities. Of these, 83,840 were served through the general HTC services while the rest were counseled and tested through EMTCT services.
- 37,787 women received EMTCT services (counseled, tested for HIV and received results), out of which 2204 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 1,723
- 153 public and 24 private health facilities provided ART services and all 177 report their data independently. A total of 6,910 new clients (including 392 children) were initiated on antiretroviral therapy. Cumulatively, 210,478 individuals are currently on antiretroviral therapy and of these 14,328 are children.
- MC services were provided in 54 public and 4 private health facilities this quarter. 8,270 men were circumcised across the ZPCT II supported provinces.

ZPCT II Project Achievements August 1, 2009 to August 31, 2014

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jul–Aug 2014)		
		Targets (Aug 09 - Aug 14)	Achievements (Aug 09 – Aug 14)	Targets (Jan 14 – Aug 14)	Achievement s (Jan 14 – Aug 14)	Male	Female	Total
1.1 Counseling and Testing (Projections from ZPCT service statistics)								
	Service outlets providing CT according to national or international standards	430	431 (400 Public,31 Private)	430 (400 Public, 30 Private)	431 (400 Public,31 Private)			431 (400 Public,31 Private)
	Individuals who received HIV/AIDS CT and received their test results	1,318,243	2,526,532	460,933	374,748	42,889	40,951	83,840
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ¹	2,175,030	3,587,724	647,557	528,331	42,889	78,738	121,627
	Individuals trained in CT according to national or international standards	2,000	2,014	186	20	0	0	0
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	410	417 (391 Public,26 Private)	415 (389 Public, 26 Private)	417 (391 Public,26 Private)			417 (391 Public,26 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	856,787	1,061,192	186,624	153,583		37,787	37,787
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	87,900	88,517	11,268	7,042		1,723	1,723
	Health workers trained in the provision of PMTCT services according to national or international standards	4,200	4,192	325	25	0	0	0
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)								
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	430	431 (400 Public,31 Private)	430 (400 Public, 30 Private)	431 (400 Public,31 Private)			431 (400 Public,31 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ²	522,600	419,943	522,600	313,559	117,663	187,145	304,808
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	41,500	22,867	41,500	20,361	9,869	10,337	20,206
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	2,500	2,697	301	102	0	0	0
	Service outlets providing ART	170	177 (153 Public, 24 Private)	170	177 (153 Public, 24 Private)			177 (153 Public, 24 Private)
	Individuals newly initiating on ART during the reporting period	135,000	159,463	25,361	24,951	2,470	4,440	6,910
	Pediatrics newly initiating on ART during the reporting period	11,250	11,520	1,085	1,533	158	234	392

¹ Next Generation COP indicator includes PMTCT

² **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out- Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Individuals receiving ART at the end of the period	205,102	210,478	205,102	210,478	82,653	127,825	210,478
	Pediatrics receiving ART at the end of the period	14,121	14,328	14,121	14,328	7,099	7,229	14,328
	Health workers trained to deliver ART services according to national or international standards	2,500	2,697	301	102	0	0	0
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	430	431 (400 Public, 31 Private)	430 (400 Public, 30 Private)	431 (400 Public, 31 Private)			431 (400 Public, 31 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	22,829	24,644	3,212	2,763	436	487	923
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	2,500	2,697	301	102	0	0	0
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	32,581	51,586	10,201	7,792	1,147	780	1,927
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	55	58 (54 Public, 4 Private)	55	58 (54 Public, 4 Private)			58 (54 Public, 4 Private)
	Individuals trained to provide MC services	390	470	130	80	0	0	0
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	50,364	115,212	25,000	36,005	8,270	0	8,270
2.1 Laboratory Support (Projections from ZPCT service statistics)								
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	120	130 (114 Public, 16 Private)	120	130 (114 Public, 16 Private)			130 (114 Public, 16 Private)
	Laboratories with capacity to perform clinical laboratory tests	145	167 (141 Public, 26 Private)	145	167 (141 Public, 26 Private)			167 (141 Public, 26 Private)
	Individuals trained in the provision of laboratory-related activities	900	963	97	0	0	0	0
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	5,617,650	7,175,060	1,193,563	1,078,577			253,403
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)								
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,200	2193	141	0	0	0	0
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	1440	0	0	0	0	0
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	800	818	140	93	0	0	0
3 Capacity Building for PHOs and DHOs (ZPCT II projections)								
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	55	55	55	55			55
4 Public-Private Partnerships (ZPCT II projections)								
	Private health facilities providing HIV/AIDS services	30	31	30	31			31
Gender								
	Number of pregnant women receiving PMTCT services with partner	N/A	347,096	68,421	51,518		11,634	11,634
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	842,738	N/A	125,249	11,057	15,310	26,367

QUARTERLY PROGRESS UPDATE

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

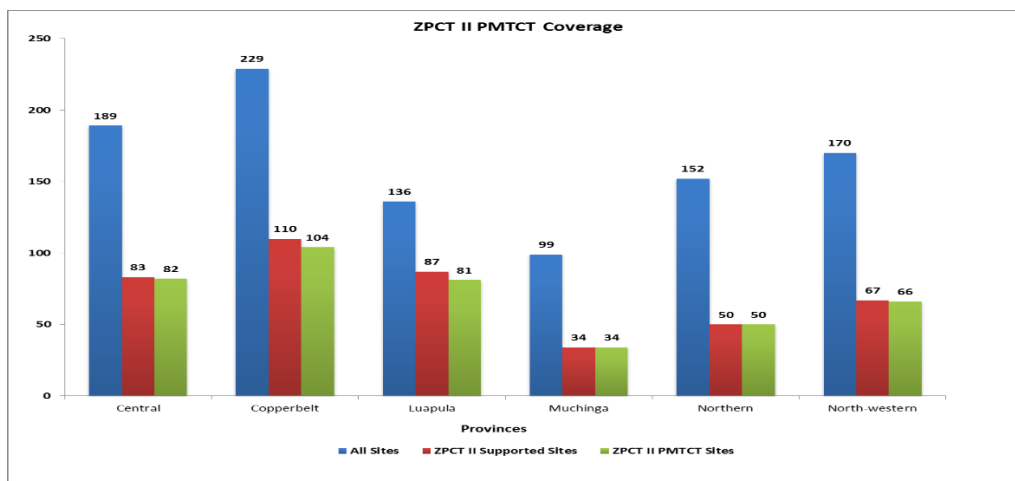
1.1: Expand counseling and testing (CT) services

HTC services were provided in 400 public and 31 private facilities in the six ZPCT II supported provinces. This quarter, a total of 83,840 clients were counseled, tested and received results (13,059 were children). Of these, 604 clients tested HIV positive and were referred for assessment for cART. Supervision assessment follow-up visits were conducted for the trained counselor supervisors to ensure efficiency and effectiveness in the implementation of HTC services in supported facilities of Luapula, Northern and Muchinga provinces. In addition, the ZPCT II technical staff working with staff from PMOs and DCMOs continued to provide technical assistance (TA) to HCWs and lay counselors to promote quality HIV testing, high uptake of HIV testing, collection of same day results and effective linkage to clinical care for ART services, family planning and VMMC. TA focused on:

- Couple targeted HIV testing and counseling (HTC): The importance of couple testing and counseling has continued being emphasized during mentorship of HCWs and lay counselors with referral to other care services, such as ART, family planning and VMMC. Counseling on risk behavior and safer sex practices was offered to clients that tested HIV negative and male partners were referred to VMMC. A total of 13,367 HTC clients and 11,634 eMTCT clients received HTC as couples, out of which 377 were discordant couples, and were referred for cART in line with the current consolidated national HIV treatment and prevention guidelines.
- FP/HIV integration activities: ZPCT II technical officers provide mentorship of health providers in HTC to strengthen the FP/HIV integration. 8,582 clients seeking FP had HTC services provided to them. 8,067 HTC clients were referred for FP and 3,621 of them were provided with FP services.
- Retesting of HIV negative clients: ZPCT II technical officers in collaboration with the DCMOs strengthened mentorship of HCWs and lay counselors to support re-testing of all HIV negative clients after the three month window period. A total of 26,265 clients were re-tested for HIV during this reporting period and 2,894 (11%) sero converted. Those who sero converted were linked to care, treatment and support services and risk reduction counseling using a positive health dignity and prevention (PHDP) strategy. The risk reduction counseling and behavioral change messages are given to the HIV negative clients.
- Pediatric HTC services: Hands on mentorship of HCWs and lay counselors on routine child HTC continued being provided in under-five clinics and pediatric wards in order to strengthen HIV testing and counseling in these setting. For these two months, 13,059 children were tested across the six supported provinces. Of these, 604 tested positive for HIV, received their test results and 419 were linked to care and treatment services and entered on Pre-ART. 392 children were commenced on ART.
- Screening for chronic conditions within HTC services: In collaboration with the DCMOs, ZPCT II technical officers have continued to provide mentorship of HCWs and lay counselors on the routine use of Chronic HIV Care (CHC) symptom screening checklists to screen for hypertension, TB, and diabetes mellitus in HTC sites. During the quarter, 1,037 clients were screened for chronic conditions in the HTC services.
- Integration of screening for gender based violence (GBV) within HTC services: Screening for GBV has continued as part of the integration strategy. A total of 958 HTC clients were screened for GBV and 326 were referred to other service areas such as counseling, medical treatment, emergency contraception and legal aid.

1.2: Expand elimination of mother-to-child transmission (eMTCT) services:

A total of 391 public and 26 private health facilities provided PMTCT services in the six ZPCT II supported provinces. ZPCT II technical staff provided TA in PMTCT to HCWs and lay counselors in all the facilities visited this quarter.

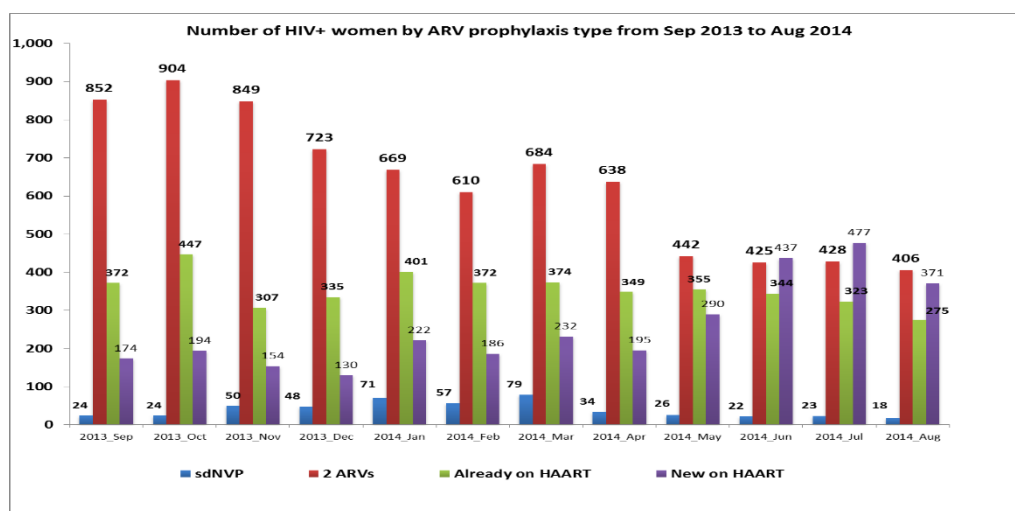


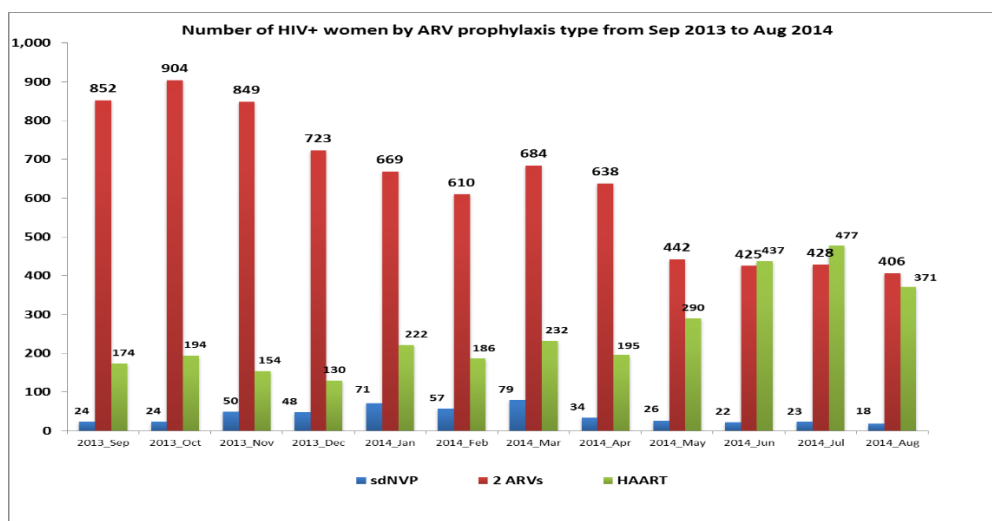
A total of 37,787 ANC clients were provided with eMTCT services for July and August. Of these, 2,204 tested HIV positive and 1,723 received ARVs for eMTCT. Routine HIV testing and counseling in eMTCT services is ongoing using the Opt out strategy.

ZPCT II has continued supporting the roll out of option B+ and participating in the TWG meetings to monitor the progress of the implementation. Trainings for option B+ have been planned and will be conducted for the health care providers in the six ZPCT II supported provinces.

Areas of focus during this period in eMTCT included:

- Provision of combination ARV regimens for HIV positive pregnant women: Orientation of HCWs on option B+ has been done in most selected sites. This period under review, no HCWs were oriented.. A total of 1,384 HIV positive pregnant women were assessed for eligibility by CD4 or WHO clinical staging. All were eligible for a combination antiretroviral therapy (cART) and 848 were initiated on cART.
- Strengthening early infant diagnosis (EID) of HIV for exposed babies: As part of ongoing pediatrics HIV efforts to strengthen EID, ZPCT II technical officers in collaboration with the DCMOs continued to follow-up on HIV exposed infants and HIV positive mothers through MNCH services at the facility and in the community. 3,959 samples were collected and sent to the PCR laboratory at ADCH from 314 health facilities providing EID services and 227 were reactive.
- Re-testing of HIV negative pregnant women: In collaboration with the DCMOs, ZPCT II supported health facilities in strengthening HIV retesting for pregnant women who test HIV negative early in pregnancy and before delivery with emphasis on accurate documentation in the eMTCT registers. During this reporting period, 9,114 pregnant women were re-tested and 279 tested HIV positive (sero-converted). Those who sero-converted were provided with ARVs for eMTCT referred for cART.





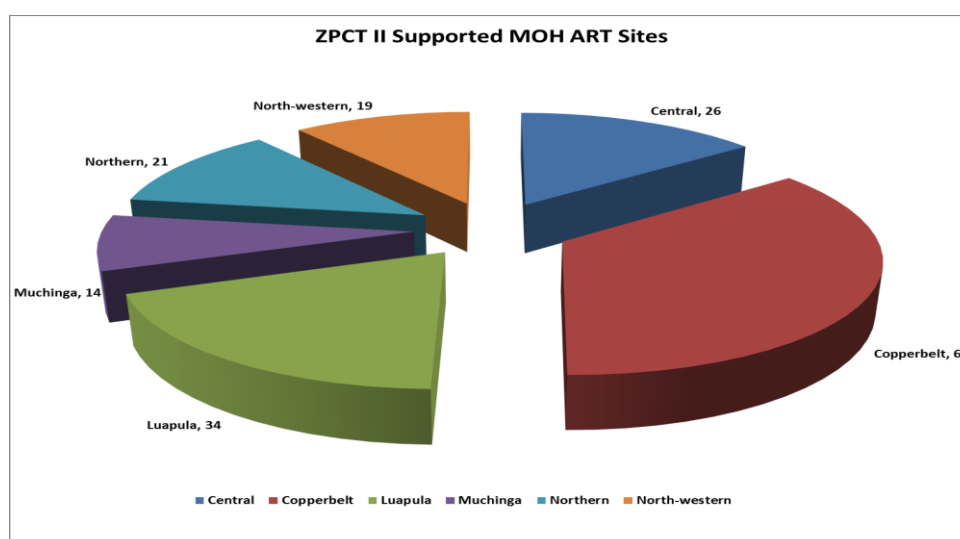
Other TA areas of focus under EMTCT included:

- Integrating family planning within ANC/EMTCT and ART services: ZPCT II provided mentorship and support to HCWs through TA on the importance of integrating FP services to clients who come for ART services within ART by trained providers in FP. Furthermore, FP clients are provided with HTC using the optout strategy. Monitoring of services in the 12 FP/HIV model sites has continued in all the six ZPCT II supported provinces. The next project will continue to support the trainings of HCWs from MNCH and ART departments in LARC.
- Project Mwana to reduce turnaround time for HIV PCR results: The implementation is ongoing in selected facilities and the majority of sites. Clients have continued receiving HIV test results through mobile phone SMS from the reference laboratories for children below 18 months of age in all the six supported provinces.

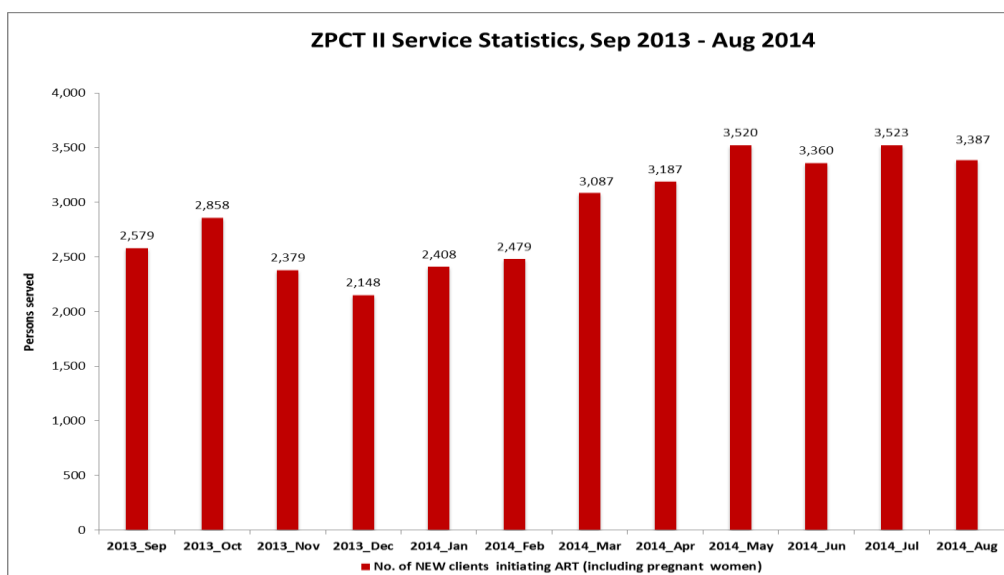
1.3: Expand treatment services and basic health care and support

ART services

A total of 153 public and 24 private health facilities provided ART services in the six ZPCT II supported provinces. All the 177 ART facilities report their data independently.



A total of 6,910 new clients (including 392 children) were initiated on antiretroviral therapy this quarter, out of which 69 were HIV positive individuals in HIV discordant couples and 830 HIV positive pregnant women that were identified through the PMTCT program – this is approximately 9.1% of all eligible HIV positive pregnant women cumulatively. There are 210,478 patients that are receiving treatment through the ZPCT II supported sites, including 14,328 children. This quarter, 24 patients on treatment were switched to second line regimen due to treatment failure. As part of HIV/FP integration, 7,392 patients in care were referred for FP services.



During this quarter, the TA focused on the following:

- **Revised consolidated HIV management guidelines:** ZPCT II worked with other partners and the Ministry of Health and Ministry of Community Development Mother and Child Health to conduct orientation of health care workers in the six supported provinces, districts and facilities. Orientations trainings of HCWs are ongoing in the next quarter. Beyond the orientations, implementation of these guidelines will be followed by guided mentorship and provision of job aids. Tracking of key indicators will also be done.
- **Post exposure prophylaxis (PEP):** PEP services were provided in 345 supported facilities. Documentation of these services was being done using the standard national PEP registers. ZPCT II continued to support implementation of infection prevention procedures in the facilities following infection prevention guidelines (IPGs). A total of 104 clients received PEP services during the quarter under review as follows: exposure type I (sexual) 50, exposure type II (occupational) 37 and other exposure 17 .
- **Model sites:** During the quarter, no model site mentorship activities were conducted due to project close out activities. ZPCTII has completed Model site strategy evaluation report on the achievements and documented key lessons learned. These include; effective evidence based transfer of knowledge/skills; improved quality of services delivered; higher confidence by staff to manage patients better as well as improved learning environment and data usage. The weak areas noted include; low level of ownership or integration by GRZ managers and supervisors at DCMOs & PMOs; human resource challenges to sustain the program; inadequate sustained funding and other mechanism to support program as well as general logistics management support that needs to improve.

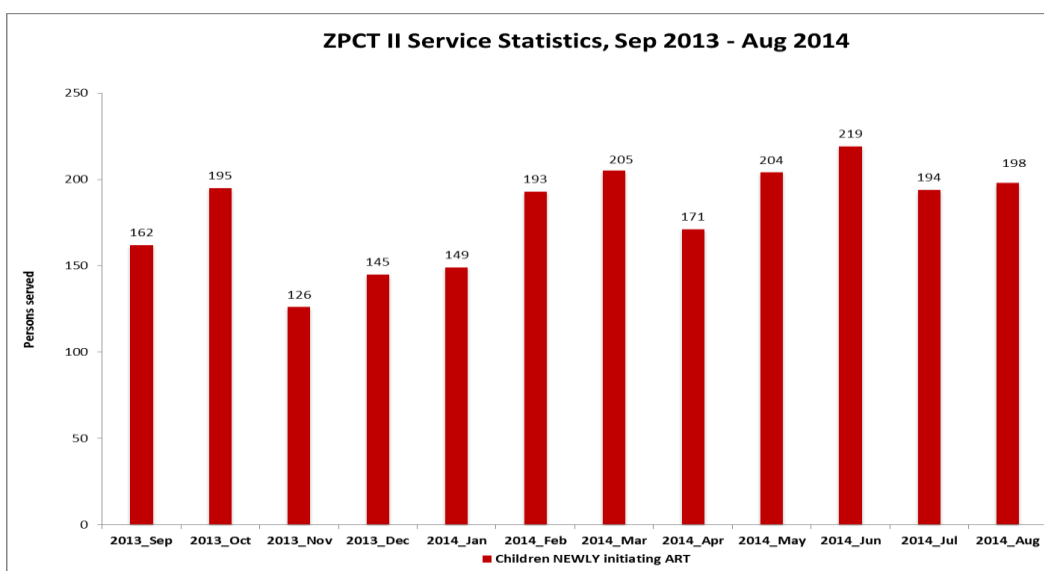
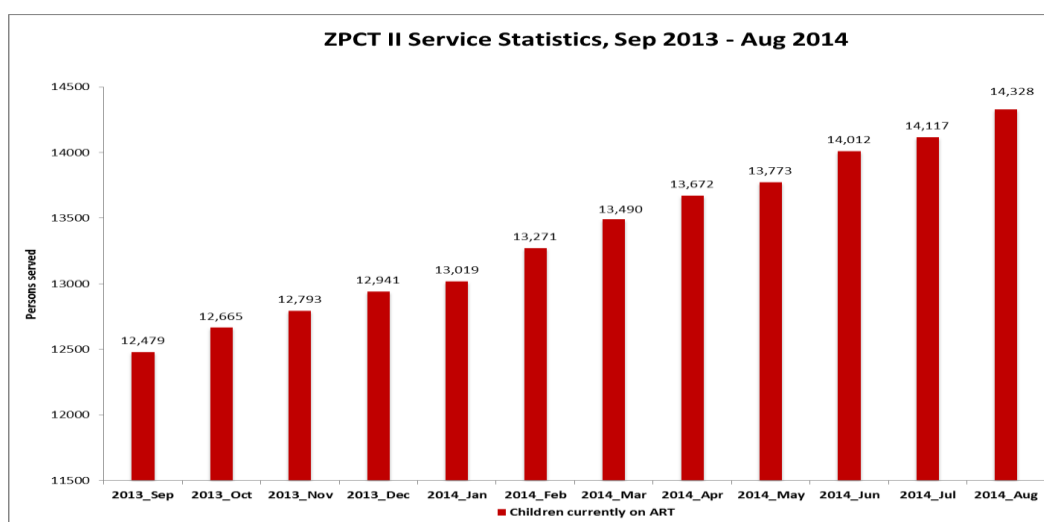
Pediatric ART activities

This quarter, ZPCT II supported the provision of quality pediatric HIV services in 177 ART sites. From these facilities, 392 children were initiated on antiretroviral therapy, out of which 110 were below two years of age. Of all the children on treatment during the quarter, 14,328 children remain active/alive on treatment.

The focus of technical assistance by ZPCT II for pediatric ART included:

- **Strengthening of early infant diagnosis of HIV and enrollment into HIV care and treatment:** ZPCT II supported the different systems to reduce the turnaround time for results in the EID program and early initiation on treatment for those found to be HIV positive. This included fast tracking encrypted DBS results for HIV positive babies through email to provincial staff for onward submission to health facilities, web2sms and Mwana health project. Technical support was provided across the six supported provinces in the follow-up and initiation on ART of HIV positive babies. Of the 90 HIV positive babies less than two years of age, 110 were initiated on ART (with likelihood of spill over from previous month).

- **Adolescent HIV services:** 15 adolescent HIV clinics continued operations this quarter. Copperbelt has six sites (Kitwe Central, Ndola central, Arthur Davidson Hospital Nchanga North General Hospital, Chimwenwe and Lubuto HCs); North-Western has three sites (Solwezi Urban, Mufumbwe and Mwinilunga District Hospitals); Northern and Muchinga Provinces have two sites (Mbala and Mpika District Hospitals respectively); Central Province has Kabwe General and Kapiri District Hospitals; and Luapula has Mansa General Hospital. During the quarter, no adolescent HIV activities among adolescents were undertaken due to project close out.
- **National level activities:** SmartCare forms which have been revised and realigned with the 2014 National ART guidelines. Printing of the revised SmartCare forms is still pending consensus between the SmartCare programmer, clinical team and M&E.



Clinical palliative care services

A total of 400 public and 31 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 304,808 clients received care and support at ZPCT II supported sites. The clinical palliative care package consisted of provision of cotrimoxazole (septrin), nutrition assessment using body mass index (BMI), screening for TB and pain management. In addition, ZPCT II also supported screening of chronic conditions such as hypertension and diabetes mellitus.

- **Managing HIV as a chronic condition:** ZPCT II supported screening for selected chronic conditions in patients accessing HIV services. This quarter, 3,093 patients were screened for diabetes using the chronic HIV checklist.

- Nutrition assessment and counseling: ZPCT II supported the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). A total of 5,921 were assessed for nutritional status using BMI.
- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 1,365 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV related issues were referred to other services as needed such as those needing further counseling, shelter, economic empowerment support, paralegal services, etc.
- Cotrimoxazole prophylaxis: ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children, in accordance with the national guidelines. This quarter, 4,320 clients were put on cotrimoxazole prophylaxis, including 1,605 initiated on cotrimoxazole through the PMTCT program.

1.4: Scale up Voluntary Medical Male Circumcision (VMMC) services

Technical assistance, mentorship and supportive supervision were provided in the sites (54 public and 4 private health facilities). During the reporting period, 8,270 men were circumcised (5,965 in static sites and 2,305 through outreach MC services). Out of the total males circumcised, 4,342 males were in the age group 15-49 and 3,675 were counseled and tested for HIV before being circumcised (84.63%).

- MC outreach activities: ZPCT II supported the national MC August 2014 campaign activities in three provinces namely; Copperbelt, Luapula and North-Western. A total of 5,363 males were circumcised. ZPCT II provided consumables to all static sites in other provinces to facilitate service delivery during the August 2014 national campaign.
- National level MC activities: ZPCT II participated in all national TWG meetings that focused on strengthening partner collaboration with GRZ and implementing partners. During the quarter, ZPCT II participated in the planning meeting for establishing the national VMMC logistic management system.

TB-HIV services

ZPCT II supported health facilities to implement TB/HIV services during this quarter. The focus for technical support included:

- Improving screening for TB: Intensified Case Finding (ICF) for TB was continued in the supported health facilities with 8,009 patients seen in Clinical Care/ART clinics screened for TB, 923 patients receiving HIV care and treatment were also receiving TB treatment. A total of 180 TB patients were started on ART. 618 of the 782 TB infected patients with unknown HIV status received counseling and testing for HIV in the quarter. Emphasis was placed on capturing data of TB patients with unknown HIV status so that this area is further strengthened.
- TB and HIV co-management: ZPCT II mentored MOH staff and monitored the linkages for HIV positive TB clients who are eligible for ART and how early they were initiated on ART this quarter. Trends showed that 124 (68.8%) of clients were initiated on ART within 60 days of starting TB treatment compared with 56 initiated after 60 days while 101 (56.1%) TB patients were initiated on ART within 30 days of commencing TB treatment. Further work at program level is being done to further enhance ART uptake in the first 30 and 60 days respectively.
- Establish referral of TB/HIV co-infected patients from ART clinics to TB corners: Discussions have been held with district and facility TB/HIV coordinators in three districts on implementing the one stop services for TB and HIV. Next step is to identify TB facilities that do not have ART services and training health care workers to manage treatment of TB/HIV co-infection.

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

This quarter, MSH submitted a final report to show the work completed under the Zambia Prevention, Care and Treatment Partnership (ZPCT II) from August 2009 to May 2014, with a specific focus on strengthening laboratory and pharmacy services.

Laboratory services

At the end of this quarter, ZPCT II supported 141 laboratories in public health facilities and 26 laboratories in the private health facilities, bringing the total number of laboratories supported to 167 across the six supported provinces. This surpassed the life of project target of 121. Through the ZPCT II project, MSH provided support in technical assistance, renovations, equipment maintenance, training, and procurement of equipment for these sites. ZPCT II continued working with HCWs in the supported sites to assure uninterrupted of services, and ensure functionality of laboratory equipment and availability of required commodities and reagents.

Pharmacy services

MSH provided support for the strengthening and monitoring of ART pharmacy services in 431 facilities, of which 31 are in the private sector. This represents 100% of ZPCT II supported ART, PMTCT, and CT sites. This quarter, ZPCT II continued working with HCWs in strengthening facility supply chain linkages to improve stock availability, and reduce on stock imbalances at service delivery points in supported provinces.

2.2: Develop the capacity of facility and community-based health workers

During the reporting period, ZPCT II did not support or conduct any trainings. However, ZPCT II continued providing technical assistance and mentorship to HCWs in the supported health facilities.

2.3: Engage community/faith-based groups

This quarter, a total of 1,320 community volunteers supported under ZPCT II project (353 ASWs, 530 Lay counselors, and 437 PMTCT lay counselors) provided HIV/AIDS services in the supported sites. The volunteers supported and participated in various community mobilization activities such as adherence support to ART clients, demand creation for CT, MC, PMTCT, safe motherhood and clinical care services. In addition, CARE International submitted a final report for the community mobilization and referral networks under the Zambia Prevention, Care and Treatment Partnership (ZPCT II) from August 2009 to May 2014.

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

During the reporting period, ZPCT II and DCMO/PMO staff conducted joint technical support visits to health facilities and worked with facility staff in monitoring integration of HIV/AIDS services into MOH health services for reproductive health (RH), malaria, and maternal, newborn and child health (MNCH). Health care workers in the MNCH departments have been trained to provide family planning as part of the regular package of MNCH services.

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

ZPCT II implemented routine activities like couple counseling and screening for GBV in CT, FP, PMTCT and ART during this quarter. A total of 18,931 clients were screened for GBV in PMTCT/ART/CT settings using the engendered CHC checklist, while 39,800 number of individuals who received testing and counseling services for HIV and received their test results (tested as couples) at ZPCT II participating health facilities. A total of 57 survivors of rape were provided with PEP this quarter. Efforts to increase levels of knowledge among health care workers, the community members and the community volunteers have continued.

3.3: Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs

The ZPCT II staff working with the MOH at facility level, mentored health care workers in the use of QA/QI data to improve quality of service delivery in areas noted according to the national SOPs and guidelines this quarter. Quarterly feedback meetings, attended by facility and DMO staff, were held at district level to discuss data trends and use. The focus was on how to use data to influence decision making at both health facility and DMO level.

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

This quarter, the subcontract between FHI 360 and Cardno EMG under the ZPCT II project was closed. A final end of project report by Cardno Emerging Markets (Cardno) was presented which documents the work completed under the Zambia Prevention, Care and Treatment Partnership (ZPCT II) from August 2009 to February 2014, with a specific focus on the capacity building program.

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

A total of 31 private sector health facilities received support in form of capacity building, onsite technical assistance, linkage to district ARV supplies and sample referral systems during the implementation of the ZPCT II project. This quarter, the MOUs with the private sector health facilities were closed, and new ones will be considered in the next project.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

During this reporting period, there was no active MOU with Ndola Diocese's community home-based care program in Ndola and Kitwe Districts. Effective April 2014, the MOUs with FHI 360 expired and DCMOs and PMOs have taken over the services and are collaborating directly with Ndola Diocese.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and evaluation (M&E)

This quarter, the ZPCT II Strategic Information (SI) unit facilitated the documentation of service statistics for the period and provided other adhoc data reports. After certification of 32 ZPCT II staff in SmartCare, the teams collaborated with MOH/MCDMCH Districts Health Information Officers and developed SmarCare deployment plans for all the ZPCT II supported provinces.

The SI unit collaborated with other FHI 360 partners and technical units during the period. The SI unit continued participation in operational research related to ZPCT II work in the area of male involvement in PMTCT, using SMS technology to improve retention, using QA/QI to measure sustainability, FP/HIV Integration evaluation and training studies. The male involvement and QA/QI studies were concluded and reports submitted to MOH.

SI unit worked with human resources unit to shortlist, interview and final recruitment of Sr. Provincial M&E officers, M&E officers and Data Entry Clerks for the ZPCT II Bridge project.

Quality assurance and quality improvement (QA/QI)

ZPCT II monitored the implementation of quality improvement (QI) projects across the six supported provinces.. Total of eight QI projects were supported by ZPCT II of which five had accomplished their objectives.

The following are the QI projects still being implemented:

- Mungwi District's QI project is aimed at increasing the minimum number of voluntary male medical circumcision (VMMC) cases that are reported through Mungwi Baptist site from of 8 clients to 40 clients per month by the end of third quarter 2014; resolving this problem will contribute positively to the HIV prevention strategies.
- Mpulungu QI project is aimed at establishing a reliable logistics system for satellite ARV dispensaries. The team desires to implement a requisition & report (R&R) system for the satellite ARV dispensaries.

The QI team plan to conduct a detailed system analysis, conduct a root-cause analysis and ensure that improvement measurement system is well established.

- Retesting of HIV negative pregnant women in MCH at Solwezi General Hospital. The aim of the QI project is to increase the number of HIV negative pregnant women re-testing for HIV at subsequent ANC visits.

Quality Assurance/Quality Improvement Assessments

During this period, Kitwe District was successfully graduated.

District graduation and sustainability plan

Kitwe District was graduated from intensive technical assistance bringing the total number of graduated districts to 42 this reporting period. This represents 100% of the targeted districts.

RESEARCH

During this period under review, ZPCT II continued developing the following outstanding manuscripts for submission to peer reviewed journals, including:

- Identifying factors associated with graduation from intensive technical assistance of ZPCT I AND ZPCT II's PEPFAR-funded HIV/AIDS program, through use of QA/QI initiatives in 42 MOH districts.
- Evaluating the effectiveness of the ZPCT II specimen referral system for CD4 assessment.
- The effect of male involvement in ANC on PMTCT and on where obstetric delivery occurs in primary health care facilities in Zambia.
- Family Planning and HIV Services Integration: Enhanced systems for tracking referrals to FP from HIV services - does it help increase uptake of FP services?
- Assessing the retention in care for patients on antiretroviral therapy in rural Zambia.
- Evaluating the effect of mobile health technology (program Mwana) on the rate of ART initiation in HIV infected children below 18 months.

The following three manuscripts were completed and submitted to peer reviewed journals:

- Identifying factors associated with graduation from intensive technical assistance of ZPCT I and ZPCT II's PEPFAR-funded HIV/AIDS program, through use of QA/QI initiatives in 42 MOH districts – Submitted to Plos One Journal
- The effect of male involvement in ANC on PMTCT and on where obstetric delivery occurs in primary health care facilities in Zambia. – Submitted to Public Health Journal
- Assessing the retention in care for patients on antiretroviral therapy in rural Zambia- Submitted to Journal of AIDS.

ZPCT II continued to work with three students pursuing their Master of Public Health (MPH) or MSc in Epidemiology at the University Of Zambia School Of Medicine (UNZA SOM). These students successfully completed their dissertations, in partial fulfillment of their degrees and also begun working on their manuscripts for submission to peer reviewed journals.

PopART STUDY

This quarter, the Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071 in Zambia continued its implementation of activities. The PopART activities focused on the following:

- Procurement: ZPCT II procured a CD4 FACScout for Chipulukusu and a fridge for Makululu laboratory, seven waiting benches placed at Makululu (4) and Chipulukusu (3).
- Human resource: One position for Clinical Officer at Ndeke and two positions for Study Nurses at Chimwemwe and Chipulukusu were replaced respectively. All the three staff reported for work and were placed in their respective health facilities this quarter.
- Performance of laboratory equipment: All the four ABX Micros 60 (hematology analyzers) and three ABX Pentra C200 (high throughput chemistry analyzers) at Chipulukusu, Chipokota Mayamba, Ndeke and Makululu performed well despite minor faults which were immediately attended to by the vendors. At Makululu, the ABX Micros 60 developed a problem with the software while the ABX Pentra C 200 at Chimwemwe and Ndeke developed mechanical faults.

- Voluntary Medical Male Circumcision (VMMC) services: Chipulukusu, Makululu, Ngungu and Chipokota Mayamba facilities continued to provide MC services to clients with support from ZPCT II. Ndeke and Chimwemwe health facilities in Kitwe started experiencing challenges to do with technical support from SFH. The reason was that SFH was undergoing close out processes and there was no clear indication of when the technical support would resume. ZAMBART, the lead partner in the study made strong recommendations that ZPCT II should immediately take up MC support for the two health facilities. This prompted ZPCT II to initiate discussions with Kitwe DCMO.
- Initiation of HIV positive clients' based on POPART study criteria (irrespective of CD4 count): The health facilities falling in Arm A (Chipulukusu and Ndeke) continued to implement universal counseling and testing for HIV with immediate ARVs given to clients who test positive for HIV irrespective of CD4 count/WHO Stage as per study protocol while facilities falling in Arm B (Makululu and Chimwemwe) continued to implement universal counseling and testing for HIV but initiated ARVs to clients eligible according to the prevailing national ART Guidelines. The remaining two facilities falling in Arm C (Ngungu and Chipokota Mayamba) provided the standard of care as recommended by the current national ART Guidelines. During the reporting period, a total of 609 clients were enrolled into care at Ndeke and Chipulukusu (both Arm A facilities). Out of these, 122 clients were screened outside the national ART Guidelines, of which 120 consented and were initiated on ARVs
- Trainings:
 - *Zambia Consolidated Guidelines for HIV treatment:* 19 HCWs from the Copperbelt PopART sites were orientated to implement the new changes in management of ART. The staff were drawn from Chipulukusu, Chipokota Mayamba, Chimwemwe and Ndeke health facilities. These included: seven clinical officers, four pharmacy technicians, six nurses, one biomedical staff, and one M&E officer.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: ZPCT II continued to provide programmatic, financial and technical support to 400 facilities in the 45 districts across the six provinces. This quarter, ZPCT II started the process of closing the six PMOs and UTH recipient agreements as well as the CHAZ subcontract.

Mitigation of environmental impact

As an ongoing activity, ZPCT II monitored management of medical waste and ensure environmental compliance in all of its supported renovations as per USAID approved Environmental Mitigation and Monitoring Plan.

Procurement

This quarter, ZPCT II procured the following: 9 delivery beds, 200 instrument drapes, 237 bedside screens with curtains, 192 digital BP machines, 97 weight scales with height measure, 80 fetal scopes, 340 digital thermometers, 120 stethoscopes, 10 adult scales, 10 theatre beds, 10 portable theatre spotlights, 10 instrument trolleys, 40 diagnostic sets, 2 incontinet sheets, 80 lab stools, 20 blood mixers, 160 micropipettes, 3 sluice sinks, 24 bedside lockers, 24 single beds, 82 examination couches, 120 counting trays, 80 medicine trolleys, 4 blankets, 4 pairs of bedsheets, 1 pillow, 24 mattresses, 1 CD player, 3 television sets, 790 stacking chairs, 280 lockable storage cabinets, 272 lockable filing cabinets, 349 office desks, 3 swivel chairs, 2 visitor chairs, 60 fire extinguishers, 100 desktop computers, 80 printers, 100 UPS, 100 hemocue machines, 40,000 suspension files, 40,000 manila folders, 40,000 fasteners, 21 refridgerators, 80 infant scales with pan mechanical, 20 autoclaving machines, 15 glucometer machines with strips, 20 motorcycles, 60 Pima anaylzers with accessories, 1 FacsCount CD4 machine and 1 cobas Ampliprep Taqman 96 anaylzer.

ZPCT II received the items noted and a distribution plan was implemented.

Human Resources

ZPCT II continued the reduction in staff (RIF) process, with all staff being let go during this quarter.

Positions to be Riffed in ZPCT II 2013 – 2014											
Province	Month										RIF totals
	Apr-13	May-13	Jun-13	Sep-14	Feb-14	Mar-14	May-14	Jun-14	Jul-14	Aug-14	

Copperbelt		3			1	3	6	6	1	12	32
Luapula		3			0	1	6	3	2	9	24
North-Western		4			0	0	6	4	1	9	24
Central	1	3			0	0	7	4	1	7	23
Northern		3			0	0	7	4	1	9	24
Lusaka	1	5	1	1	0	1	12	2	7	31	61
Total	2	21	1	1	1	5	44	23	13	77	188

Information Technology

During the period July to August 2014, FHI 360 acquired additional capacity on the E1 fibre link to Zamtel, with full data and phone services operational in the new offices via fibre cable. The temporary link provided by Realtime was decommissioned. In addition, IT installed network capacity to accommodate other projects on the data and VOIP network at the FHI 360 Zambia office in Lusaka. This involved installation of additional handsets and two new cisco switches.

Provincial IT staff continued installing local area networks (LANs) in identified ZPCT II supported health facilities to facilitate the rollout of the updated SmartCare software. The LANs in these facilities are key to SmartCare database integration so that ART laboratory and pharmacy will connect to one central database.

IT continued securing project equipment and data from departing staff and updating equipment inventories in the facilities and ZPCT II offices. Also, IT provided input into the planning and budgeting for the next project.

Finance

- Pipeline report: The cumulative obligated amount is \$124,097,099, out of which ZPCT has spent \$123,249,307 as of August 30, 2014. The total expenditure to date represents 99.3% of the cumulative LOP obligation.
- Reports for Jul - Aug 2014:
 - SF1034 (Invoice) - July 2014
 - SF425 – June 2014
- Field Travel: there was no field travel from the Lusaka office. During this quarter, the Finance & Administration team in Lusaka and provincial offices spent time physically verifying inventory as part of project close out.
- Inventory: All the five provincial offices, including the Lusaka office conducted physical verification of inventory in the provincial offices and health facilities. The inventories were reviewed for completeness of information. During the physical verification exercise, ZPCT II staff carried additional USAID stickers & asset tags to replace on assets that had some tags falling off or erased due to repeated cleaning over the tags. The insurance cover was also extended to August 31, 2014. For items that need repair or service, the provincial offices plans have been put in place for service providers to travel to sites where these equipment are placed; these include, motorbike service/repair, and servicing of air conditioning units.

KEY ISSUES AND CHALLENGES

National-level issues

- **Staff shortage in health facilities**

Shortage of staff in health facilities remains unresolved across all six provinces. ZPCT II supported 1,320 volunteers to provide counselling and testing, eMTCT, and adherence counseling.

- **Laboratory commodity stock-outs**

All the six provinces did not experience any disruptions in laboratory commodities. ZPCT II procured laboratory reagents and commodities. However, erratic supply of test kits for RPR, hepatitis B and pregnancy test kits were experienced. However, the facilities continued to test for syphilis, hepatitis and pregnancy using the stocks that were available.

- **ARV stock imbalances**

During the quarter, all the six PopART facilities continued to experience erratic supplies of suspension Niverapine for babies. The facilities received inadequate stocks from MSL.

Project-level issues

- **Reduced technical assistance to the PopART sites**

The ZPCT II closeout resulted in reduced staff at both Central and Copperbelt provincial offices. However, despite this reduction, ZPCT II staff monitored service provision at the six popART facilities. .

ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (July – August 2014)	Travel plans for Next Quarter (September – November 2014)
<ul style="list-style-type: none">▪ Director Technical Support, Dr Prisca Kasonde, travelled to Melbourne Australia to attend the International HIV/AIDS Conference from July 19-26, 2014	<ul style="list-style-type: none">▪ No travel planned for ZPCT II

ANNEX B: Meetings and Workshops this Quarter (Jul. – Aug., 2014)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	<p>August 7, 2014</p> <p><i>eMTCT TWG Meeting held at MCDMCH:</i> The purpose of this meeting was to review the progress reports on option B+ implementation from partners, presentation on the logistics by the MCDMCH Pharmacist and interaction with the MCDMCH PS with the member of EMTCT TWG. Partners made presentation on the implementation of option B+ and challenges affecting the smooth implementation such stock of of NVP syrup, lack of training for most MNCH staff to manage ART and the data management within MNCH.</p>
PopART Study	<p>July – September 2014</p> <p><i>Monthly intervention monitoring team meetings:</i> These meetings aim at monitoring the implementation of the activities at both the national and district levels. Partners at both levels provided updates on the status of implementation. Three Zambia Intervention Monitoring Team Meetings (ZIMT) were held in Lusaka while three District Intervention Monitoring Team (DIMT) meetings were held at the district levels (Kabwe, Ndola and Kitwe). Any issues to do with implementation that emerged during the meetings were promptly attended to.</p>

ANNEX C: Activities Planned for the Next Quarter (Jul. – Aug., 2014)

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	
	Escort clients who tested HIV-positive from CT corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	x	x	
	Improve follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	
	Strengthen CT services in both old and new sites and mentor staff on correct documentation in the CT registers	x	x	
	Strengthen access of HIV services by males and females below 15 years	x	x	
	Strengthen child CT in all under five clinics	x	x	
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	
	Ongoing strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes especially North-Western and Central Province where the service is weaker. , Pilot is pending review and to be done this quarter	x	x	
	Strengthen implementation of PwP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	
	Strengthen couple-oriented CT in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	
	Strengthen integration of routine CT to FP, TB, MC and other services with timely referrals to respective services.	x	x	
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	
	Conduct mobile CT for hard to reach areas in collaboration with CARE international	x	x	
	Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention	x	x	
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	
	Strengthen integration of gender into CT programming during CT courses in collaboration with ZPCT II Gender unit	x	x	
	Screening for gender based violence (GBV) within CT setting	x	x	
1.2: Expand prevention of mother-to-child	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	
	Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/PMTCT lay counselors.	x	x	
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester with immediate provision of ARVs for those that sero convert	x	x	
	Train/orient HCWs and Lay counselors in Option B+ from selected sites		x	

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
transmission (PMTCT) services	Operationalize the use of the of the new 2013 eMTCT guidelines in the old facilities and new facilities	x	x	
	Support the implementation of Option B+ as part of eMTCT strategies once a policy decision has been made by the MOH	x	x	
	Orient facility staffs on B+ option.	x	x	
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	
	Support the operationalization of the 8 year plan for FP	x	x	
	Support primary prevention of HIV in young people as part of eMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	
	Strengthen the provision of more efficacious ARV regimens for eMTCT	x	x	
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	
	Strengthen implementation/use of PwP within eMTCT services for those who test positive through training using the PwP module in the eMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	
	Support implementation/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities in line with the revised eMTCT 2013 protocol guidelines and norms for service delivery within eMTCT setting	x	x	
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/eMTCT rooms to accommodate partners	x	x	
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking register	x	x	
	Strengthen documentation of services in supported facilities	x	x	
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	
	Work in collaboration with CARE to promote and strengthen male involvement through incorporation of messages on male involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT	x	x	
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	x	x	
	Strengthen eMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access eMTCT services	x	x	

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
	Revise and print 1000 copies of updated Job aids in line with option B+ and distribute them to supported facilities.	x	x	
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote prevention with positives.	x	x	
1.3: Expand treatment services and basic health care and support	Conduct quarterly, comprehensive technical assistance (TA) visits to ART and selected PMTCT/CT facilities across six provinces to support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs, palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB, C&T, ANC/MCH, and Youth Friendly Services, using MOH standards/guidelines	x	x	
	Conduct full ASW refresher training	x	x	
	TB/HIV integration by improving documentation in all MOH register as well as collaborative facility meeting	x	x	
	Implement the early TB-HIV co-management in all supported sites	x	x	
	Scale up the initiation of HAART for eligible clients in discordant relationships	x	x	
	Improved PMTCT client linkage through training of MCH nurses in ART/OI for easy assessment and HAART initiation for eligible pregnant women	x	x	
	Support implementation of life long ART for pregnant and breastfeeding mothers (option B+) in ZPCTII sites which are already offering ART through onsite orientation and distribution of job aids and integrated ART guidelines.	x	x	
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	
	Strengthen facility ability to use data for planning through facility data review meeting	x	x	
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	
	Strengthen implementation of the new national Post Exposure Prophylaxis (PEP) Register in all supported facilities.	x	x	
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in high volume ZPCTII supported sites	x	x	
	Conduct quarterly mentorship sessions in ten model sites across the ZPCT II provinces	x	x	
	Supportive supervision to 35 HIV nurse practitioner as part of task shifting on ART prescribing from doctors/clinical officers to nurses	x	x	
1.4: Scale up male circumcision (MC) services	Conduct monthly, comprehensive technical assistance (TA) visits to 55 facilities across six provinces to support expansion and provision of quality MC services, and integration with CT services, setting up infection Prevention procedures	x	x	
	Train 52 HCWs in male circumcision from ZPCT II supported Static and selected Outreach sites providing MC services.	x	x	
	Strengthen the establishment of 3 PopART MC sites through Training HCWs, Provide MC Commodity & Surgical and Infection Prevention Equipment so that they can provide service for clients that are linked for the intervention sites			
	Develop plan for post-training follow up and on-site mentoring all 80 trained HCWs staff by SSZ in all six provinces for the	x	x	
	Develop and print VMMC Standard Operational Procedure Manual for all 55 MC sites	x	x	
	Develop plans to ensure all 38 supported districts conduct at least one VMMC outreach	x	x	

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
	Conduct VMMC activities in 3 Chiefdoms(Puta, Kapijimpanga and Chibale) under the Traditional Leaders Engagement for Demand creation strategy	x	x	
	Conduct VMMC community promotion around 50 MC static sites	x	x	
	Engage MC Technical Officer -consultant for Muchinga Provinces to scale up VMMC activities through the Outreach Model	x	x	
	Conduct onsite orientation training for Lay counselors in VMMC counseling and demand creation techniques	x		
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	Prepare for final MSH close out activities	x	x	
	Support to the MOH pharmacy mentorship program	x	x	
	Participate in the national pharmacovigilance planned activities			
	Provide ongoing technical oversight to provincial pharmacy and lab technical officers	x	x	
	Provide ongoing technical assistance to all the supported sites, including private sector	x	x	
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	x	x	
	Assist pharmacy staff to correctly interpret laboratory data such as LFTs and RFTs in patient files as an aspect of good dispensing practice	x	x	
	Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites	x	x	
	Participate in the pharmacy and laboratory components of the POP ART pilot study in selected ZPCT II supported pilot sites	x	x	
	Support the compilation of the reviewed Commodity management training package	x	x	
	Participate in national quarterly review for ARV drugs for ART and PMTCT programs	x	x	
	Support the implementation of the Model Sites mentorship program	x	x	
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	x	x	
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	x	x	
	. Promote the use of new guidelines for both ART in line with MOH and MCDMCH guidance	x	x	
	Monitoring in use of newly introduced FDCs for paediatric and adult HIV clients in ZPCT II supported ART facilities	x	x	
	Ensure constant availability, proper storage and inventory control of male circumcision consumables and supplies	x	x	
	Administer QA/QI tools and address matters arising as part of technical support to improve quality of services	x	x	
	Support the dissemination of guidelines and SOPs for laboratory services.	x	x	
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	x	x	
	Monitor and strengthen the implementation of the CD4 testing EQA program .	x	x	
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities	x	x	
	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	x	x	
	Support on the job training of facility staff in monitoring and reporting of ADRs in support of the national pharmacovigilance program.	x	x	

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	Training for Human Resource personnel at PMO, DMO in Annual performance appraisal system (APAS), in Luapula Province	x		
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
Public-Private Partnerships – Private health facilities	Support the sustainability of the quality of care established through technical assistance to 30 private sector facilities to implement quality CT, PMTCT, clinical/ART, MC, laboratory and pharmacy services, and integration into MOH National Logistics and M&E Systems.	x	x	
	Support onsite orientation training through meeting for new and part time HCWs on data management and reporting through provision of job aids, national protocol guidelines, standard operating procedures (SOPs)	x	x	
	Identify and invite HCWs for training in CT, PMTCT, family planning, ART, MC (where feasible), pharmaceutical services management and laboratory services	x	x	
	Providing on-site post training mentorship to ensure MOH standards are followed and this will include	x	x	
	Support the facility to meet accreditation standards for linkage to MOH ARV program	x	x	
	Identify and Work with MOH contact person to facilitate the process of linking accredited PPP clinics to the MOH commodity supply chain for ARVs, where feasible in line with the MOH guidelines/policies	x	x	
	Provide Mentorship in data collection in all 24 PPP sites using MOH data collection tools in line with the “	x	x	
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
M&E and QA/QI				
	Update GIS coordinates, in conjunction with MOH, for Health Facilities which are not yet mapped			
	Update and maintain PCR Lab Database, training database and M&E database	x	x	
	Provide on-site QA/QI technical support in two provinces	x	x	
	Support provincial QI coaches in implementation & documentation of QI projects in health facilities	x	x	
	Facilitate the implementation of QA/QI systems in MC sites on the Copperbelt			
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Provide M&E support to model sites		x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	
	SI unit participation in the SmartCare national training for the national upgrade.	x	x	
	National SmartCare training targeting the provincial health staff.		x	
Program Management				

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	
	Closeout of recipient agreements and subcontracts	x	x	
	Delivery of equipment and furniture to ZPCT II supported facilities		x	
	Prepare for final CARE closeout process and submit final reports to FHI 360	x	x	
Finance	FHI 360 finance team will conduct financial closeout of FHI field offices, and subcontracted local partners under ZPCT II project	x	x	
HR	Conduct closeout processes for project staff under the ZPCT II		x	
IT	Secure all ZPCT data by updating electronic filing on the server	x	x	
	Ensure departing staff handover Project Equipment	x	x	
	Identify and donate obsolete equipment to selected beneficiaries	x	x	
	Continue IT inventory updates	x	x	
	Secure project data from computers of departing staff	x	x	
	Provide Planning and Budgeting Input for Bridge Project	x	x	

ANNEX D: ZPCT II Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	4. Bwacha HC	Urban		◆	◆	◆	◆ ³		
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆		◆	
	17. Kalwelwe RHC	Rural		◆	◆	◆		◆	
<i>Mkushi</i>	18. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	22. Nshinso HC	Rural		◆	◆	◆		◆	
	23. Chikupili HC	Rural		◆	◆	◆		◆	
	24. Nkumbi RHC	Rural		◆	◆	◆			
	25. Coppermine RHC	Rural		◆	◆	◆			
<i>Serenje</i>	26. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	27. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	28. Chibale RHC	Rural		◆	◆	◆		◆	
	29. Muchinka RHC	Rural		◆	◆	◆		◆	
	30. Kabundi RHC	Rural		◆	◆	◆		◆	
	31. Chalilo RHC	Rural		◆	◆	◆		◆	
	32. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	33. Mulilima RHC	Rural		◆	◆	◆		◆	
	34. Gibson RHC	Rural		◆	◆	◆			
	35. Nchimishi RHC	Rural		◆	◆	◆			
	36. Kabamba RHC	Rural		◆	◆	◆			
	37. Mapepala RHC	Rural		◆	◆	◆		◆	
<i>Chibombo</i>	38. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	39. Chikobo RHC	Rural		◆	◆	◆		◆	
	40. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	41. Chibombo RHC	Rural		◆	◆	◆		◆	⊙ ¹
	42. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	43. Mungule RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Muswishi RHC	Rural		◆	◆	◆		◆	
	45. Chitanda RHC	Rural		◆	◆	◆	◆ ³		
	46. Malambanyama RHC	Rural		◆	◆	◆		◆	
	47. Chipeso RHC	Rural		◆	◆	◆		◆	
	48. Kayosha RHC	Rural	◆ ²	◆	◆	◆		◆	
	49. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	50. Malombe RHC	Rural		◆	◆	◆		◆	
	51. Mwachisompola RHC	Rural		◆	◆	◆		◆	
<i>Kapiri Mposhi</i>	52. Shimukuni RHC	Rural		◆	◆	◆		◆	
	53. Kapiri Mposhi DH	Urban		◆	◆	◆	◆ ³		
	54. Kapiri Mposhi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	55. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	56. Chibwe RHC	Rural		◆	◆	◆		◆	
	57. Lusemfwā RHC	Rural		◆	◆	◆		◆	
	58. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	59. Mulungushi RHC	Rural		◆	◆	◆		◆	
	60. Chawama UHC	Rural		◆	◆	◆		◆	
	61. Kawama HC	Urban		◆	◆	◆		◆	
	62. Tazara UHC	Rural		◆	◆	◆		◆	
	63. Ndeke UHC	Rural		◆	◆	◆		◆	
	64. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	65. Chankomo RHC	Rural		◆	◆	◆		◆	
	66. Luanshimba RHC	Rural		◆	◆	◆		◆	
	67. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	68. Chipepo RHC	Rural		◆	◆	◆		◆	
	69. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	70. Chilumba RHC	Rural		◆	◆	◆		◆	
<i>Mumbwa</i>	71. Mumbwa DH	Urban		◆	◆	◆	◆ ³		⊙ ¹
	72. Mumbwa UHC	Urban		◆	◆	◆			
	73. Myooye RHC	Rural		◆	◆	◆		◆	
	74. Lutale RHC	Rural		◆	◆	◆		◆	
	75. Mukulaikwa RHC	Rural		◆	◆	◆		◆	
	76. Nambala RHC	Rural		◆	◆	◆			
<i>Itezhi Tezhi</i>	77. Itezhi Tezhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	78. Masemu RHC	Rural		◆	◆	◆	◆		
	79. Kaanzwa RHC	Rural		◆	◆	◆		◆	
Totals			26	79	79	79	28	50	10

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Copperbelt Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Arthur Davison Hospital	Urban	◆ ²		◆	◆	◆ ³		
	3. Lubuto HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	5. Chipokota Mayamba HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	⊙ ¹
	12. Kansenshi Prison Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆ ²	◆	◆	◆		◆	⊙ ¹
	20. Itawa Clinic	Urban		◆	◆	◆		◆	
<i>Chingola</i>	21. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	22. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	23. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	24. Chawama HC	Urban	◆ ²	◆	◆	◆	◆	◆	⊙ ¹
	25. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	26. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	27. Kasompe Clinic	Urban		◆	◆	◆		◆	
	28. Mutenda HC	Rural		◆	◆	◆		◆	
	29. Kalilo Clinic	Urban		◆	◆	◆		◆	
<i>Kitwe</i>	30. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	31. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	32. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	33. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	34. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	35. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙ ¹
	36. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙ ¹
	37. Twatasha Clinic	Urban		◆	◆	◆		◆	
	38. Garnatone Clinic	Urban			◆	◆		◆	
	39. Itimpi Clinic	Urban		◆	◆	◆		◆	
	40. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	41. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	42. Kwacha Clinic	Urban		◆	◆	◆		◆	
	43. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	44. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	45. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	46. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	47. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙ ¹

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	48. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	49. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	50. Mwekera Clinic	Urban		◆	◆	◆		◆	
	51. Riverside Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
<i>Luanshya</i>	52. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	53. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	54. Mikomfwa HC	Urban		◆	◆	◆		◆	
	55. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	56. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	57. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
	58. Section 9 Clinic	Urban		◆	◆	◆		◆	
	59. Fisenge UHC	Urban		◆	◆	◆		◆	
	60. New Town Clinic	Urban		◆	◆	◆		◆	
<i>Mufulira</i>	61. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	62. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	63. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	64. Kansunswa HC	Rural		◆	◆	◆		◆	
	65. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	66. Mokambo Clinic	Rural		◆	◆	◆		◆	
	67. Suburb Clinic	Urban		◆	◆	◆		◆	
	68. Murundu RHC	Rural		◆	◆	◆		◆	
	69. Chibolya UHC	Urban		◆	◆	◆		◆	
<i>Kalulushi</i>	70. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	71. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	72. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	73. Chati RHC	Rural		◆	◆	◆			
	74. Ichimpe Clinic	Rural		◆	◆	◆			
<i>Chililabombwe</i>	75. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	76. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
<i>Lufwanyama</i>	77. Mushingashi RHC	Rural		◆	◆	◆		◆	
	78. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	79. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	80. Nkana RHC	Rural		◆	◆	◆		◆	
<i>Mpongwe</i>	81. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⊙ ¹
	82. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	83. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	84. Kalweo RHC			◆	◆	◆		◆	
<i>Masaiti</i>	85. Kashitu RHC	Rural		◆	◆	◆		◆	
	86. Jeleman RHC	Rural		◆	◆	◆		◆	
	87. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⊙ ¹
	88. Chikimbi HC	Rural		◆	◆	◆		◆	
Totals			43	87	89	89	42	65	17

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Chienge</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆		◆	
	5. Luchinda RHC	Rural		◆	◆	◆			
<i>Kawambwa</i>	6. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	7. Mbereshi Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	8. Kawambwa HC	Rural		◆	◆	◆		◆	
	9. Mushota RHC	Rural		◆	◆	◆		◆	
	10. Munkanta RHC	Rural	◆ ¹	◆	◆	◆		◆	
	11. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	12. Kazembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	13. Mufwaya RHC	Rural		◆	◆	◆			
<i>Mansa</i>	14. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	15. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	16. Central Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	17. Matanda RHC	Rural		◆	◆	◆		◆	
	18. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	19. Buntungwa RHC	Urban		◆	◆	◆		◆	
	20. Chipete RHC	Rural		◆	◆	◆		◆	
	21. Chisembe RHC	Rural		◆	◆	◆		◆	
	22. Chisunka RHC	Rural		◆	◆	◆		◆	
	23. Fimpulu RHC	Rural		◆	◆	◆		◆	
	24. Kabunda RHC	Rural		◆	◆	◆		◆	
	25. Kalaba RHC	Rural		◆	◆	◆		◆	
	26. Kalyongo RHC	Rural		◆	◆	◆			
	27. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	28. Katangwe RHC	Rural		◆	◆	◆			
	29. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	30. Mabumba RHC	Rural		◆	◆	◆		◆	
	31. Mano RHC	Rural		◆	◆	◆		◆	
	32. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	33. Mibenge RHC	Rural		◆	◆	◆		◆	
	34. Moloshi RHC	Rural		◆	◆	◆		◆	
	35. Mutiti RHC	Rural		◆	◆	◆		◆	
	36. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	37. Ndobu RHC	Rural		◆	◆	◆		◆	
	38. Nsonga RHC	Rural		◆	◆	◆		◆	
	39. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	40. Lukola RHC	Rural		◆	◆	◆			
	41. Lubende RHC	Rural		◆	◆	◆			
	42. Kansenga RHC	Rural		◆	◆	◆			
<i>Milenge</i>	43. Mulumbi RHC	Rural		◆	◆	◆		◆	
	44. Milenge East 7 RHC	Rural	◆ ²	◆	◆	◆	◆		
	45. Kapalala RHC	Rural		◆	◆	◆			
	46. Sokontwe RHC	Rural		◆	◆	◆			
	47. Lwela RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Mwense	48. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	49. Mwense Stage II HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	50. Chibondo RHC	Rural			◆	◆		◆	
	51. Chipili RHC	Rural		◆	◆	◆		◆	
	52. Chisheta RHC	Rural		◆	◆	◆		◆	
	53. Kalundu RHC	Rural			◆	◆			
	54. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	55. Kapamba RHC	Rural		◆	◆	◆		◆	
	56. Kashiba RHC	Rural		◆	◆	◆		◆	
	57. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	58. Kawama RHC	Rural		◆	◆	◆		◆	
	59. Lubunda RHC	Rural		◆	◆	◆		◆	
	60. Lukwesa RHC	Rural	◆ ²	◆	◆	◆		◆	
	61. Luminu RHC	Rural			◆	◆		◆	
	62. Lupososhi RHC	Rural			◆	◆			
	63. Mubende RHC	Rural		◆	◆	◆		◆	
	64. Mukonshi RHC	Rural		◆	◆	◆		◆	
	65. Mununshi RHC	Rural		◆	◆	◆		◆	
	66. Mupeta RHC	Rural			◆	◆			
	67. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	68. Mutipula RHC	Rural			◆	◆			
	69. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
Nchelenge	70. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	71. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	72. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	73. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	⊙ ¹
	74. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	75. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	76. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	77. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	78. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	79. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	80. Kabalenge RHC	Rural		◆	◆	◆			
Samfya	81. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	82. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	83. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	84. Shikamushile RHC	Rural		◆	◆	◆	◆ ³		
	85. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	86. Kabongo RHC	Rural		◆	◆	◆		◆	
Totals			30	81	87	87	20	52	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Muchinga Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Nakonde</i>	1. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural	◆ ²	◆	◆	◆		◆	
	5. Ntumbila RHC	Rural	◆ ¹	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆ ²	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
<i>Mpika</i>	9. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	12. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	13. Mpumba RHC	Rural		◆	◆	◆		◆	
	14. Mukungule RHC	Rural		◆	◆	◆		◆	
	15. Mpika TAZARA	Rural	◆ ²	◆	◆	◆		◆	
	16. Muwele RHC	Rural		◆	◆	◆			
	17. Lukulu RHC	Rural		◆	◆	◆			
	18. ZCA Clinic	Rural		◆	◆	◆			
	19. Chikakala RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	20. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	21. Chinsali HC	Urban		◆	◆	◆		◆	
	22. Matumbo RHC	Rural	◆ ²	◆	◆	◆		◆	
	23. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	24. Lubwa RHC	Rural	◆ ²	◆	◆	◆	◆		
	25. Mundu RHC	Rural		◆	◆	◆			
	26. Mwika RHC	Rural		◆	◆	◆			
	27. Kabanda RHC	Rural		◆	◆	◆			
<i>Isoka</i>	28. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	29. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	30. Kalungu RHC	Rural	◆ ²	◆	◆	◆		◆	
	31. Kampumbu RHC	Rural		◆	◆	◆			
	32. Kafwimbi RHC	Rural		◆	◆	◆			
<i>Mafinga</i>	33. Muyombe	Rural	◆ ²	◆	◆	◆	◆	◆	
	34. Thendere RHC	Rural	◆ ²	◆	◆	◆	◆		
Totals			14	34	34	34	10	16	4

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kasama	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban	◆ ²	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ ²	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural	◆ ²	◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
Mbala	14. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	15. Mbala UHC	Urban		◆	◆	◆		◆	
	16. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	17. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	18. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	19. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	20. Mpande RHC	Rural		◆	◆	◆			
	21. Mwamba RHC	Rural		◆	◆	◆			
	22. Nondo RHC	Rural	◆ ²	◆	◆	◆			
	23. Nsokolo RHC	Rural		◆	◆	◆			
	24. Kawimbe RHC	Rural		◆	◆	◆			
Mpulungu	25. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	26. Isoko RHC	Rural		◆	◆	◆			
	27. Chinakila RHC	Rural		◆	◆	◆			
Mporokoso	28. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	29. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	30. Chishamwamba RHC	Rural		◆	◆	◆			
	31. Shibwalya Kapila RHC	Rural		◆	◆	◆			
	32. Chitoshi RHC	Rural	◆ ²	◆	◆	◆			
Luwingu	33. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	34. Namukolo Clinic	Urban		◆	◆	◆		◆	
Kaputa	35. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	36. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	37. Kampinda RHC	Rural		◆	◆	◆	◆	◆	
	38. Kalaba RHC	Rural		◆	◆	◆	◆	◆	
	39. Kasongole RHC	Rural		◆	◆	◆			
Mungwi	40. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	41. Malole RHC	Rural	◆ ²	◆	◆	◆		◆	
	42. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	43. Chimba RHC	Rural		◆	◆	◆		◆	
	44. Kapolyo RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	45. Mungwi RHC (CHAZ)	Rural	◆ ²	◆	◆	◆	◆		⊙
	46. Makasa RHC	Rural		◆	◆	◆			
	47. Ndasa RHC	Rural		◆	◆	◆			
<i>Chilubi Island</i>	48. Chaba RHC	Rural		◆	◆	◆		◆	
	49. Chilubi Island RHC	Rural	◆ ²	◆	◆	◆	◆		
	50. Matipa RHC	Rural		◆	◆	◆		◆	
Totals			21	50	50	50	17	27	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC	Rural		◆	◆	◆			
	13. Lumwana East RHC	Rural		◆	◆	◆			
	14. Maheba A RHC	Rural		◆	◆	◆			
	15. Mushindamo RHC	Rural		◆	◆	◆			
	16. Kazomba UC	Urban		◆	◆	◆			
	17. Mushitala UC	Urban		◆	◆	◆			
	18. Shilenda RHC	Rural		◆	◆	◆			
<i>Kabompo</i>	19. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	20. St. Kalembe (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	21. Mumbeji RHC	Rural		◆	◆	◆		◆	⊙ ¹
	22. Kasamba RHC	Rural		◆	◆	◆		◆	
	23. Kabulamema RHC	Rural		◆	◆	◆			
	24. Dyambombola RHC	Rural		◆	◆	◆			
	25. Kayombo RHC	Rural		◆	◆	◆			
	26. Kashinakazhi RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	27. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	28. Zambezi UHC	Urban			◆	◆		◆	
	29. Mize HC	Rural		◆	◆	◆		◆	
	30. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	31. Mukandakunda RHC	Rural		◆	◆	◆			
	32. Nyakulenga RHC	Rural		◆	◆	◆			
	33. Chilenga RHC	Rural		◆	◆	◆			
	34. Kucheka RHC	Rural		◆	◆	◆			
	35. Mpidi RHC	Rural		◆	◆	◆			
<i>Mwinilunga</i>	36. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	37. Kanyihampa HC	Rural		◆	◆	◆		◆	
	38. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	39. Lwawu RHC	Rural		◆	◆	◆			
	40. Nyangombe RHC	Rural		◆	◆	◆			
	41. Sailunga RHC	Rural		◆	◆	◆			
	42. Katyola RHC	Rural		◆	◆	◆			
	43. Chiwoma RHC	Rural		◆	◆	◆			
	44. Lumwana West RHC	Rural		◆	◆	◆			
	45. Kanyama RHC	Rural		◆	◆	◆			
<i>Ikelenge</i>	46. Ikelenge RHC	Rural		◆	◆	◆		◆	⊙ ¹

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. Kafweku RHC	Rural		◆	◆	◆			
<i>Mufumbwe</i>	48. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	49. Matushi RHC	Rural		◆	◆	◆		◆	
	50. Kashima RHC	Rural		◆	◆	◆			
	51. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	52. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	53. Chivombo RHC	Rural		◆	◆	◆		◆	
	54. Chiingi RHC	Rural		◆	◆	◆		◆	
	55. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	56. Nyatanda RHC	Rural		◆	◆	◆			
<i>Kasempa</i>	57. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	58. Nselauke RHC	Rural		◆	◆	◆		◆	
	59. Kankolonkolo RHC	Rural		◆	◆	◆			
	60. Lunga RHC	Rural		◆	◆	◆			
	61. Dengwe RHC	Rural		◆	◆	◆			
	62. Kamakechi RHC	Rural		◆	◆	◆			
	63. Mukunashi RHC	Rural		◆	◆	◆			
Totals			12	62	63	63	14	20	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

ANNEX E: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Central Province									
Kabwe	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
Mkushi	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
Copperbelt Province									
Ndola	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆	◆	◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
	12. Northrise Medical Centre	Urban		◆	◆	◆	◆	◆	
	13. Indeni Clinic	Urban		◆	◆	◆	◆	◆	
Kitwe	14. Company Clinic	Urban	◆	◆	◆	◆	◆ ³		
	15. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	17. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	18. SOS Medical Centre	Urban	◆		◆	◆	◆ ³		
	19. Tina Medical Center	Urban	◆	◆	◆	◆	◆ ³		
	20. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	21. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	22. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
	23. Grizzly Mining	Urban	◆		◆	◆		◆	
Kalulushi	24. CIMY Clinic	Urban	◆		◆	◆		◆	
Chingola	25. Chingola Surgery	Urban		◆	◆	◆	◆	◆	
Mpongwe	26. Nampamba Farm Clinic	Rural		◆	◆	◆		◆	
Luapula Province									
Mwense	27. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
North-Western Province									
Solwezi	28. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⊙ ¹
	29. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⊙ ¹
	30. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⊙ ¹
	31. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
Totals			24	26	31	31	20	18	3

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4